

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>01/01/07</u> through <u>06/30/07</u>	Date of election if applicable (Month, Day, Year) <u>JUL 24 2007</u> BY: <u>CITY OF SANTA MARIA</u> City Clerk	FILED JUL 24 2007 CALIFORNIA 2001/02 FORM 460 Page <u>1</u> of <u>5</u> For Official Use Only
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1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Alice Patino for City Council

Treasurer(s)

NAME OF TREASURER
Tom Martinez

STREET ADDRESS (NO P.O. BOX)
2450 Professional Pkwy, Suite 220

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Maria, CA 93455 805-346-8407

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
2151 S. College Drive, Suite 101

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Maria, CA 93455 805-922-4881

OPTIONAL: FAX / E-MAIL ADDRESS

MAILING ADDRESS
2450 Professional Pkwy, Suite 220

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Maria, CA 93455 805-346-8407

NAME OF ASSISTANT TREASURER, IF ANY
Trent Benedetti

MAILING ADDRESS
2151 S. College Drive, Suite 101

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Maria, CA 93455 805-922-4881

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-12-07 Date
By Trent Benedetti Signature of Treasurer or Assistant Treasurer
By Alice M. Patino Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Official/Sponsor
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Alice Palino			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
City Council Member City of Santa Maria			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
2450 Professional Pkwy, Suite 220	Santa Maria, CA	93455	

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Alice Patino

Statement covers period from 01/01/07 through 06/30/07		CALIFORNIA FORM 460
Page 3 of 5		
I.D. NUMBER 1227669		

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 500.00	\$ 500.00
2. Loans Received	Schedule B, Line 3	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 500.00	\$ 500.00
4. Nonmonetary Contributions	Schedule C, Line 3	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 500.00	\$ 500.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$	\$

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 600.25	\$ 600.25
7. Loans Made	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 600.25	\$ 600.25	
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		
10. Nonmonetary Adjustment	Schedule G, Line 3		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 600.25	\$ 600.25	\$ 600.25

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

/ / \$

/ / \$

/ / \$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 3083.70
13. Cash Receipts	Column A, Line 3 above	500.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	
15. Cash Payments	Column A, Line 8 above	600.25
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2983.45

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$
18. Cash Equivalents	See instructions on reverse	\$
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Type or print in ink.
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to whole dollars.

SCHEDULE A

CALIFORNIA
FORM
460

Statement covers period
from 01/01/07
through 06/30/07

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Alice Patino

I.D. NUMBER
1227669

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/04/07	Charles Porter 10200 Alamo Creek Road Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer Alamo Farming	500.00	500.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				500.00		

Schedule A Summary

- | | | |
|---|-----------------|--------|
| 1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) | \$ | 500.00 |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 | \$ | |
| 3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | TOTAL \$ | 500.00 |

***Contributor Codes**
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Type or print in ink.
Amounts may be rounded
to whole dollars.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

NAME AND ADDRESS OF PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL\$	500.00
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- FPPC Form 460 (January/05)**
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)